

50 Mollison : *Encephalitis*; Just : *Temporo-sphenoidal Abscess*

Temperature 103° F.: pulse 160. Cerebro-spinal fluid: polymorphonuclears 80 per cent.; protein 0·8 per cent.; sugar normal.

After this operation aphasia and right hemiparesis developed. Neurological examinations by Dr. C. P. Symonds:—

May 2, 1926.—“Aphasia; right hemiparesis; bilateral extensor plantar reflexes.”

May 11, 1926.—“Mentally alert; severe aphasia of temporal lobe type. Optic discs: right, doubtful; left, slight swelling. Right hemiparesis with apraxia; bilateral extensor plantar reflexes, not with stiffness. Suspicion of pus still in left temporal lobe.”

Sinus forceps were pushed into the temporal lobe and another pocket of pus was opened. Slow but steady improvement followed.

Localized Non-suppurative Encephalitis.

By W. M. MOLLISON, M.Ch.

BOY, aged 10. Admitted to hospital September 11, 1926. Pain in and behind right ear following acute otitis media of one week's duration. September 12: temperature 100° F.; pain persistent with much discharge from the ear. Operation on same day—pus found in the mastoid cells and a small collection compressing the lateral sinus which was, however, not thrombosed. The dura in middle fossa exposed, but not incised—wound drained. After operation temperature in the evening was between 99° F. and 105° F., pulse ranging from 90-120. He was noted to be odd, apathetic (not speaking unless spoken to) and taking no interest in his toys. On nineteenth day after operation doubtful extensor response obtained from left foot.

About this time began to complain of right frontal headache, chiefly on waking in morning; occasionally associated with nausea. First seen by Dr. C. P. Symonds on October 7, i.e., twenty-five days after operation. A definite extensor plantar response on left with diminished abdominal reflexes on same side was found. Right temporal abscess was diagnosed and an operation performed on same day—the dura being opened and brain explored, no abscess being discovered. Lumbar puncture at time of operation produced clear fluid apparently under increased pressure, containing no increase of cells or protein. Following this operation condition remained much the same. Temperature and pulse-rate still high, a good deal of complaint of headache but otherwise apathy was the most noticeable feature. Six days after second operation the physical signs were unchanged and it was suggested that it might be a case of non-suppurative encephalitis. It was decided, therefore, not to undertake any further operation for the time being, and to give full doses of hexamine. On October 16 (five weeks from the date of admission) patient began to improve, temperature and pulse fell and headache was less; he took a natural interest in his surroundings. On October 29 he seemed normal and an extensor response from left foot could no longer be obtained. Has since remained well. Possibly an abscess may be present but the provisional diagnosis of non-suppurative encephalitis will probably prove correct.

Right-sided Temporo-sphenoidal Abscess without Localizing Signs.

By T. H. JUST, F.R.C.S.

J. S., MALE, aged 6. Was admitted to hospital on November 3, 1924, with a history of discharge from the right ear for two months, slight headache for two weeks, and having lost flesh. On admission the boy looked ill, and was a little drowsy. The right ear was discharging freely, the drum perforated and granulations in the tympanum. There was slight tenderness over the right mastoid, no œdema

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or swelling. Temperature 97.6° F. Pulse 100. Respirations 24. The boy had not vomited; there was no nystagmus. Reflexes normal.

November 11, 1924.—Mastoid tenderness has gone. Still a little apathetic. Discharge from ear copious. No other physical signs. Temperature 97.4° F. Pulse 98. Respirations 24.

Diagnosis.—Mastoiditis, extradural abscess.

Operation.—Mastoid opened. Bone acellular, cholesteatoma found in antrum. Sinus exposed, healthy. Extradural pus, with offensive smell. Dura mater over middle fossa covered with granulations. Dura mater pulsating normally. Radical mastoid operation performed. In view of the offensive nature of the extradural pus, the dura mater of the middle fossa was incised, and the temporo-sphenoidal lobe explored. A large cortical temporo-sphenoidal abscess, containing 2 oz. of pus, was opened. This was washed out with saline solution, and drained with a rubber tube.

Lumbar puncture performed at the time of operation: Fluid under some pressure; 42 cells per c.mm.; culture sterile.

Pus from abscess.—Streptococci, on film and culture.

Uninterrupted recovery. Wound healed well. General condition good; cheerful and well, but is a little more excitable than before the operation. Discharged December 12, 1924.

Left Cerebellar Abscess.

By T. H. JUST, F.R.C.S.

I. S., FEMALE, aged 5, was admitted to hospital on June 11, 1926. Discharge from the left ear. "Low spirits," losing weight, and some headache. Had had acute otitis media May 28, 1926; left drum incised. Had made a good recovery; but discharge had recommenced.

On admission.—Temperature 97.8° F.; pulse 92; respirations 18. Lies quietly on back. Occasional sucking of teeth. Flexion at hips and knees. Answered rationally. No cry.

Tongue moist, furred. Slight otorrhœa, left. *Eyes*, pupils dilated, symmetrical. Reaction to light; ? reaction to accommodation. Ocular movements good; no strabismus. *Fundi*—edges of discs blurred. *Reflexes* present, and equal. *Upper limbs* normal, reflexes normal; no dysdiadokokinesis. *Lower limbs*—flexion at hip and knee, variable. Kernig's sign present. Knee-jerks not obtained. No ankle clonus.

June 16, 1926.—*Lumbar puncture*.—Fluid under slight pressure; cells 136, nearly all lymphocytes; globulin normal; reducing substance normal; albumin, a slight trace.

Blood-count.—Red blood-cells 5,900,000; white blood-cells 14,400; hæmoglobin 80 per cent.; colour index 0.7.

Eyes.—Well-marked papilloedema, right and left, of the type that is associated with cerebral tumour. (Report by Mr. Foster Moore.)

Operation.—Mastoid opened up. Pus found. Dura mater over middle and posterior fossæ exposed widely. Pus over posterior fossa of dura mater, which was injected and tense, though pulsating. Posterior fossa dura incised and cerebellum explored when a large cortical cerebellar abscess was immediately opened. The abscess cavity was washed out with saline and tube drained.

Pus from abscess.—Film—short-chained Gram-positive cocci. Culture—sterile.

June 17, 1926, 10 a.m.—General condition good. Complete blindness. Pupils widely dilated. 3 p.m., vision returned.